

JUST THE FACTS

CHEMICAL DEPENDENCY AND OLDER ADULTS

AN EDUCATIONAL FACT SHEET FROM
THE FLORIDA ALCOHOL & DRUG ABUSE ASSOCIATION

Substance abuse, particularly alcohol and prescription drugs, by older adults is a largely hidden problem. The rate of misuse and abuse of alcohol and prescription drugs is much higher for older adults than younger adults, yet problems are less likely to be detected. Barriers to identifying and treating older adults with problems include comorbidity, lack of awareness, clinician behavior, and ageism.

Comorbidity means having a medical and/or psychiatric condition, such as major depression or lack of mobility, in addition to a substance abuse disorder. A lack of awareness can be either the failure to recognize the problem, believing that older people aren't at risk, or denial, which is often due to the stigma associated with alcoholism/substance abuse among older adults. Clinicians may fail to detect problems as a result of short office visits, other physical conditions in the patient, and even not knowing certain drugs can be habit-forming. Clinicians may also mistake substance abuse for dementia, depression, or other problems common to older adults such as falls, sleep problems and anxiety. Ageism refers to the practice of unconsciously assigning quality-of-life standards to older people, such as, "Those cocktails are the only thing that make her happy any more, let her have them" or "He won't be around much longer, what's the difference?" These behaviors and misconceptions can prevent people from offering help or encouraging the older adult to seek help, when in fact older adults can benefit greatly from treatment.

PREVALENCE

In 1997, 2.7 million people age 65 and older were living in the state of Florida. In 1998, the Florida Department of Children and Families estimated that 26,284 people age 65 and older were currently in need of chemical dependency treatment. Alcohol and prescription drugs are currently the most commonly abused substances among older adults; though there will likely be an increase in the use of marijuana and other drugs among older adults in the coming years.

CHARACTERISTICS

What factors place older adults at risk? Many factors and events can change the life roles older adults have become accustomed to, in-

creasing the risk of problems with alcohol and prescription drugs. These events can include retirement, a newly "empty nest", the death of a spouse, loss of mobility, providing full time care for an ailing relative, chronic pain or taking custody of grandchildren. The lack of a social support network, lack of transportation, and inadequate finances can also contribute to feelings of isolation and low self-esteem increasing the likelihood of alcohol and other drug abuse.

ALCOHOL ABUSE

Alcohol problems among the elderly are typically categorized in three patterns—early onset or late onset drinking, continuous or intermittent drinking and binge drinking. Early onset describes individuals who have used alcohol to cope with their problems throughout their lives. Late onset alcoholism refers to experiencing alcohol problems later in life, in reaction to the stresses of aging, such as the loss of a spouse. Continuous drinking refers to ongoing heavy drinking, and intermittent drinking means drinking heavily and regularly after abstaining from alcohol for a period of 3-5 years or more. Binge drinking generally means drinking to a point at which control is lost after periods of light alcohol use or no alcohol use, for example going on a Friday night or Holiday "benders". For adults over 65, binge drinking is defined as four or more drinks at one occasion.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) recommends "no more than one drink per day" as the low risk level of drinking for adults over 65. A standard drink is one (12oz.) can of beer or ale, one shot (1.5 oz.) of hard liquor, a glass (5 oz.) of wine, or a small (4 oz.) glass of sherry, liqueur, or aperitif. As we age, the amount of water in the body decreases, sensitivity to alcohol increases, tolerance decreases, and alcohol is absorbed more slowly in the system. In other words, the effects of one drink may feel like many more.

MEDICATION MISUSE

People 65 and older consume more prescribed and over-the-counter medications than any other age group in the United States. Large shares of prescriptions are for psychoactive, mood-altering medications with the potential for misuse, abuse, and dependency. Prescription drug misuse and abuse is prevalent among older adults not only because more drugs are prescribed to them but also because, as

with alcohol, aging makes the body more vulnerable to the effect of drugs. Misuse can result from taking multiple prescriptions which counteract each other, attempting to self-medicate ("if one is good, wouldn't two be better?"), by combining over-the-counter and prescription drugs, and from misunderstanding or not following the prescription instructions. Combining alcohol with prescription or over-the-counter medication can result in adverse reactions including liver and kidney damage; always read the label carefully.

OLDER ADULTS CAN HELP PREVENT MISUSE BY DOING THE FOLLOWING:

- ❑ Follow the dosage and timing instructions on the prescription.
- ❑ Ask your doctor or pharmacist about interaction with other prescription drugs and with over-the-counter medications.
- ❑ Ask the pharmacist to use large type to make the label easier to read.
- ❑ Ask your doctor or pharmacist about the medications' interaction with alcohol.
- ❑ When dealing with more than one doctor or pharmacy, inform them of all other medications currently being taken. Keeping a list of all medications currently taken may be helpful.

INTERVENTION AND TREATMENT

Identifying older adults in need of services can be very difficult because they are often retired, living away from family, doing little or no driving, and participating in few social activities. In contrast, the substance abuse problems of younger people are often identified through a family member, spouse, employer, police, or the court system. Additionally, though older people tend to see health care providers more often, these visits are often for specific complaints, and the issue of chemical dependency is not raised. Older adults need to remember that alcohol abuse and medication misuse can have a negative impact on good health and disrupt an independent lifestyle.

The stigma attached to chemical dependency problems in older persons fosters denial and makes it difficult to determine the extent of dependency. Chemical dependency is not a moral failing, it is a treatable medical condition.

The older adult is often viewed as a poor treatment risk because society sees them as physically, mentally and economically unstable. However, successful treatment and recovery are highly possible if

intervention and treatment are positive and get to the root of the problems which caused the chemical dependency. During intervention and treatment, it is important to increase self-esteem and build social support networks. Programs that reinforce skills and focus on reducing isolation decrease the risk of relapse. Involving spouses and other family members in the treatment and aftercare process can help to educate them about the effects of chemical dependency on the older person and on relationships within the family.

Group treatment raises levels of social interaction among older individuals and helps them get positive support from peers. Some people prefer to be with those in their age group, while others may prefer to participate in multiage groups. Treatment should be done at the pace that is right for each individual. Health problems must also be taken into consideration. Older adults with multiple medical problems often need to be treated in an alternative setting, such as a residential care facility.

Treatment needs to be culturally sensitive and take into account the values, norms, lifestyles, diets, and diseases of various ethnic groups that can have an impact on older people. For instance, African Americans, Native Americans and Hispanics tend to place a great deal of importance on self-sufficiency, pride and independence. Counselors must take these beliefs and traditions into account when developing treatment plans. Churches, the community, and family are of central importance and can provide excellent support networks for older adults. They can be an integral part of a successful treatment and recovery process.

CONCLUSION

Efforts to help the chemically dependent older individual need to focus on effective assessment, intervention, and treatment. It is important to look beyond the traditional stereotypes of old age and realize that older adults are often quite capable of successfully recovering from chemical dependency. It is also important that society focus on prevention by building social support networks and working to reduce the isolation that often accompanies aging.

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